## Please fax completed form to Josh Hitchens at 302/677-7031.



## **SICK / VACATION DEFERRAL FORM**

Notice to employee:

•	0860 to enroll <b>before</b> your ret The State Treasurer's Office	irement date. must receive this signed f	ensation Plan, you must call Fidel orm from you <b>no later than</b> the er e check that includes your accumu	nd of the month preceding the
_	Last Name (Please Print)	Fir	st Name M.I.	Social Security #
-		Home Address - Street		
_	City / Town	State	Zip	Home Phone:
	Agency or School District Name of Payroll Representative			Phone
	Date of Retirement or Separation:		Date of Payout Check:	
	Sick Leave Payout:		Vacation Leave Payout	
	Additional Salary:		Total Gross Pay:	
In yo 20 th	addition, if you are at leas ou are at least within 3 yea 308. Please call Josh Hitche	t 50 years of age by t rs of Normal Retirements ns at 302/672-6733 t	he maximum amount for the he end of 2008, you can defent Age, you may be eligible o determine eligibility and wittaxes but not before social se	er an additional \$5,000. If to defer up to \$31,000 in th questions. Please note curity taxes.
Signature or Limpioyee.			Da	.c.

Please verify your payout information with your Payroll Representative, sign and date the form

and fax it to the attention of: Josh Hitchens, Office of the State Treasurer, 302-677-7031.

Last updated 02.21.08